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ARE IMMEDIATE AMPUTATIONS
JUSTIFIABLE?

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BY

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Immediate amputations are done during shock, and generally within two to twelve hours after the reception of an injury. Dr. Wyeth,* of New York, restricts them to a much narrower limit. He lays down the maxim "that the propriety of performing an immediate amputation after an injury is exceedingly questionable." He also says "the danger of death after an amputation depends chiefly upon the character of the injury and the location of the line of section. The prognosis becomes grave in proportion to the exhaustion of the patient, as a result of hemorrhage, shock, sepsis, or any dyscrasia or intercurrent disease."

* Text-book Surgery.



In the humble judgment of the writer, Dr. Wyeth's maxims not to amputate immediately after the reception of an injury are too sweeping and dogmatic.

When an injury of an extremity is so great and the destruction so complete that an amputation is clearly and distinctly indicated, and when there is no show whatever of saving the injured member, it seems but right to amputate without delay.

Why should we delay or defer an operation that has to be absolutely done? Is the condition known as shock alone to deter or stand in our way of performing an operation which is clearly and undoubtedly indicated? An operation that is inevitable!

It is held by many most excellent surgical writers that amputations during shock are better, safer and more satisfactory than when reaction has partially or wholly set in, and of whom we may mention Drs. Ashurst (see Ashurst's Surgery), of Philadelphia; Murdock, of Pittsburgh; Gregory, of St. Louis, and Drs. Bardeleben and Albert, of Germany. (The reader is referred to Ashurst's table on amputations). It must be remembered that a second shock produced by an operation after reaction which may be avoided, if the amputation is done during shock.

Experience has taught us that shock is a very grave and serious condition, and one that all surgeons dread but must meet.

Now, why should we wait until reaction, and then operate and thereby produce a second shock? Certainly a repetition of shocks must prove detrimental and compromising to any patient. That a multiplication of shocks is more harmful to the patient than the primary shock, is a mathematical demonstration that the merest tyro can understand and appreciate.

The writer therefore holds that it is justifiable, yes, far better to amputate during shock in all cases where an amputation is clearly and unmistakably indicated. Why then fritter away valuable time? In other words when an amputation is a necessity and unavoidable, it is right and a solemn duty to perform it at once. The following are some of the grounds on which the position is based, namely: Statistics prove that immediate or primary amputations showed a lower per cent. of mortality than any other. The patient is spared further pain, time, uncertainty of result and what is most important, loss of blood by removing a mutilated and useless member.

By the use of Esmarch's bandage we can make the operation almost a bloodless one.

Further, when the blood vessels are securely tied (which is only possible after amputation) and the flaps are accurately apposed all oozing of blood will stop and the patient spared what he so absolutely needs for the preservation of his life and vitality. After the stump is securely dressed and bandaged according to the most approved antiseptic procedure the patient will be comparatively safe and not until then.

The patient's strength will be further preserved if the operation is done during shock as it will require only a small amount of ether or chloroform, if any at all is needed. Sometimes an hypodermic of morphine is all that is required. The injured often manifest but little pain during shock.

Operations are more favorable while the injury is recent and before inflammatory and other distressing processes have been inaugurated. Immediate amputations are more favorable before certain changes of the nervous system have been brought about that are so certain to follow severe injuries.

It is better to amputate at once in cases where the patients have to be transported to the nearest hospital, as in railway and other disasters. Those injured who inevit-

ably have to submit to an amputation, can only be safely transported after an operation. What surgeon would like to transport such cases, before an amputation is performed, and all dressings properly and permanently applied? The railway surgeon is generally so placed, that he is compelled to transport his cases at great distances, and at once. All surgeons will agree, that the first treatment, if rightly done, is the best and most satisfactory to all concerned. There is also a moral question involved in these cases, and it is this, such patients dread operations tenfold more after reaction, than when still laboring under shock. The patient's consent can be very readily obtained for an operation during shock. They rarely take much notice of what is going on, during that condition, that is, they are indifferent—a condition somewhat similar to anesthesia. It is not meant that undue advantage should be taken of the patient in that condition, but it is argued that what has to be done, should be done at once, and to his advantage. The patient is much more fretful after reaction, and is more unruly, and no one likes to operate under these disadvantages. Then what is clearly indicated should be done at once, and without hesitation. Many patients doubtless have lost their lives by

procrastination on the part of the surgeon, while it is true, that some have lost their lives by the inconsiderate rashness of the surgeon.

If these propositions are tenable and well founded the surgeon should not wait merely for reaction, and by temporizing place the patient's life in jeopardy. Of course a great deal depends upon the circumstances and surroundings of the case. Time, place, existing conditions and necessary and proper assistance should guide the surgeon in arriving at a decision to do or not to do an amputation. A great deal depends on the judgment and skill of the surgeon. He must be more than a mere knife surgeon

In cases where there are severe and grave internal or other injuries the question of an immediate amputation becomes much more doubtful, but the benefit of the doubt should always be given in favor of the patient. Whatever we may decide to do should be done promptly and at once so that the surgeon can afterwards devote all his efforts to the after treatment.

The patient will have a better chance for his life when he is in the hands of a prompt surgeon than when an aimless method is adopted.

The result in a given case is frequently laid at the door of the amputation, when the severity and seat of the injury, hemorrhage and sepsis, are the cause of death. The previous health and constitutional vigor of the patient play an important factor in the result of the case.

Let it be distinctly understood that no amputation should be thought of where there is the least chance of saving the injured member. And where there is hope of restoring it to its minimum usefulness as a comparatively useful leg or arm is much better than none. It would be wrong to amputate where there are other fatal injuries. The surgeon would bring a discredit on his own fair name and an opprobrium on his profession. No amputation should be thought of where the indications are against it. Many injured arms and legs that were formerly doomed to the knife can now be saved by the improved antiseptic methods of surgery.

Amputations are becoming more rare from year to year, but the time will never come when amputations can be numbered with the things that were.

Permit me to repeat that when a limb is completely and totally destroyed it must be removed and the sooner it is done the better

for the patient, the surgeon, and his profession. Therefore the writer has arrived at the conclusion that immediate amputations are justifiable and proper in well selected cases. While it is right that the surgeon should be conservative in his practice, his conservatism should not lead him astray in the solution of the question of immediate amputations.

